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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to Provisional and PCT International Applications)

ATTORNEY'S DOCKET NUMBER

012712-652

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TREATMENT OF T CELL MEDIATED AUTOIMMUNE DISORDERS

the specification of which (check only one item below):

☐ is attached hereto.

☒ was filed as United States application

 Number 09/223,634

 on December 31, 1998

and was amended

on _____ (if applicable).

☐ was filed as PCT international application

Number _____

on _____

and was amended under PCT Article 19

on _____ (if applicable).



I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(e) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. §119
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

 (Application Number)

 (Filing Date)

 (Application Number)

 (Filing Date)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(CONTINUED)
(Includes Reference to Provisional and PCT International Applications)

ATTORNEY'S DOCKET NO.
012712-652

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to the patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS		STATUS (check one)		
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
09/080,349	May 18, 1998		X	
08/481,735	June 7, 1995			X
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NO.	PCT FILING DATE	U.S. APPLICATION NUMBERS ASSIGNED (if any)		

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

William L. Mathis	17,337	George A. Hovanec, Jr.	28,223	Peter K. Skiff	31,917
Peter H. Smolka	15,913	James A. LaBarre	28,632	Richard J. McGrath	29,195
Robert S. Swecker	19,885	E. Joseph Gess	28,510	Matthew L. Schneider	32,814
Platon N. Mandros	22,124	R. Danny Huntington	27,903	Michael G. Savage	32,596
Benton S. Duffett, Jr.	22,030	Eric H. Weisblatt	30,505	Gerald F. Swiss	30,113
Norman H. Stepno	22,716	James W. Peterson	26,057	Michael J. Ure	33,089
Ronald L. Grudziecki	24,970	Teresa Stanek Rea	30,427	Charles F. Wieland III	33,096
Frederick G. Michaud, Jr.	26,003	Robert E. Krebs	25,885	Bruce T. Wieder	33,815
Alan E. Kopecki	25,813	William C. Rowland	30,888	Todd R. Walters	34,040
Regis E. Slutter	26,999	T. Gene Dillahunt	25,423	Ronni S. Jillions	31,979
Samuel C. Miller, III	27,360	Patrick C. Keane	32,858	Harold R. Brown III	36,341
Ralph L. Freeland, Jr.	16,110	Bruce J. Boggs, Jr.	32,344	Allen R. Baum	36,086
Robert G. Mukai	28,531	William H. Benz	25,952	Steven M. du Bois	35,023

and: Robin L. Teskin, Registration No. 35, 030

Address all correspondence to:

E. Joseph Gess
BURNS, DOANE, SWECKER & MATHIS, L.L.P.
P.O. Box 1404
Alexandria, Virginia 22313-1404

Address all telephone calls to: E. Joseph Gess at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (CONTINUED) (Includes Reference to Provisional and PCT International Applications)		ATTORNEY'S DOCKET NO. 012712-652	
FULL NAME OF SOLE OR FIRST INVENTOR Randolph J. Noelle		SIGNATURE <i>Randy Noelle</i>	
RESIDENCE Rural Route 3, Box 257, Cornish, New Hampshire 03745		DATE 2/15/99	
POST OFFICE ADDRESS Rural Route 3, Box 257, Cornish, New Hampshire 03745		CITIZENSHIP USA	
FULL NAME OF SECOND JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF THIRD JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	
FULL NAME OF NINTH JOINT INVENTOR, IF ANY		SIGNATURE	
RESIDENCE		DATE	
POST OFFICE ADDRESS		CITIZENSHIP	

#3



Patent
Attorney's Docket No. 012712-652

Applicant or Patentee: Randolph J. Noelle
Application or Patent No.: 09/223,634
Filed or Issued: December 31, 1998
For: TREATMENT OF T CELL MEDIATED AUTOIMMUNE DISORDERS

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. §§ 1.9(f) AND 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION TRUSTEES OF DARTMOUTH COLLEGE
ADDRESS OF ORGANIZATION Hanover, New Hampshire 03755

TYPE OF ORGANIZATION

- ☒ University or other institution of higher education
☐ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3)) if located in The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees under Sections 41(a) and 41(b) of Title 35, United States Code, with regard to the invention entitled TREATMENT OF T CELL MEDIATED AUTOIMMUNE DISORDERS by inventor(s) Randolph J. Noelle described in

- ☐ the specification filed herewith
☒ Application No. 09/223,634, filed December 31, 1999
☐ Patent No. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern, or organization having rights to the invention is listed below,* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an individual inventor under 37 C.F.R. § 1.9(c), or by any concern that would not qualify as either a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

inventor under 37 C.F.R. § 1.9(c), or by any concern that would not qualify as either a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27.)

FULL NAME Trustees of Dartmouth College
ADDRESS 11 Rope Ferry Rd., #6210 Hanover, NH 03755
[] individual [] small business concern [] nonprofit organization
FULL NAME _____
ADDRESS _____
[] individual [] small business concern ☒ nonprofit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earlier of the issue fee and any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b).)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING John F. Kavanagh, Ph.D.
TITLE IN ORGANIZATION Director, Office of Grants & Contracts
ADDRESS OF PERSON SIGNING 11 Rope Ferry Road
Hanover, NH 03755

SIGNATURE



DATE

2/12/99